



KENTUCKY STATE BOARD OF HAIRDRESSERS AND COSMETOLOGISTS

Steven L. Beshear
Governor

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Charles K. Lykins
Administrator

SCHOOL MANAGER CHANGE APPLICATION

Fee: \$250.00

Attention: Please submit a cashiers check or money order as a form of payment with this application.

KBHC USE ONLY: SCHOOL LICENSE #: _____ DATE ISSUED: _____

PRINT THE INFORMATION REQUIRED & WRITE DISTINCTLY IN THE FOLLOWING SPACES. ALL SECTIONS MUST BE COMPLETED OR THE APPLICATION WILL NOT BE ACCEPTED.

School Name: _____

School License # _____ County _____

Physical Address: _____
(City) (State) (Zip Code)

Mailing Address: _____
(City) (State) (Zip Code)

Business Phone Number: (____) _____ Fax # _____

Email address _____

Owner: _____ Signature: _____ Date: _____

Manager: _____ Signature: _____

Instructor License #: _____ Date _____

The manager must be a current & Active licensed instructor in the state of Kentucky.

Previous School Manager: _____ License # _____

Signature: _____

Last date employed as manager _____